

VIRGINIA BOARD OF DENTISTRY

Dental Inspection Form

Date _____
Hours _____

Commonwealth of Virginia
Department of Health Professions
6603 Board Street Road, 5th Floor
Richmond, Virginia 23230

DENTAL OFFICE INSPECTION REPORT

Rev: 5/2005

Dentist Name _____ License No. _____ Exp. Date _____

Dentist Name _____ License No. _____ Exp. Date _____

Dentist Name _____ License No. _____ Exp. Date _____

Den. Hygienist Name _____ License No. _____ Exp. Date _____

Den. Hygienist Name _____ License No. _____ Exp. Date _____

Practice Name _____ Owner Name _____
(If more than one dentist)

Street _____ City _____ State _____ Zip _____

Telephone No _____ Fax No _____ Hours of Operation _____

Yes	No	Comments
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1. DISPLAY OF NAME AND LICENSE(S)

- | | | |
|-------|-------|--|
| _____ | _____ | a. Display of name of practitioner (§ 54.1-2720)
Every person practicing dentistry under an authorized firm name, and every person practicing dentistry as an employee of another licensed dentist, shall conspicuously display his name at the entrance of the office |
| _____ | _____ | b. Display of dentistry license (§ 54.1-2721)
Every person practicing dentistry in this Commonwealth shall display his license in his office in plain view of patients |
| _____ | _____ | c. Display of dental hygienist license (§ 54.1-2727)
Every person practicing dental hygiene shall at all times display his license in a conspicuous place in his office in plain view of patients |

2. RECORDKEEPING (18 VAC 60-20-15)

Records include the following:

- | | | |
|-------|-------|--|
| _____ | _____ | a. Patient's name and date of treatment |
| _____ | _____ | b. Health history Date: _____ |
| _____ | _____ | c. Diagnosis and treatment rendered |
| _____ | _____ | d. List of drugs prescribed, administered, dispensed and the quantity |
| _____ | _____ | e. Radiographs |
| _____ | _____ | f. Patient financial records |
| _____ | _____ | g. Name of dentist and dental hygienist providing service |
| _____ | _____ | h. Patient records maintained for not less than three years from the most recent date of service |
| _____ | _____ | i. Number of records reviewed: _____ |
| _____ | _____ | j. List patient records with noted deficiencies and attach copy: |

Yes	No		Comments
		3. LABORATORY WORK ORDER (54.1-2719)	
		Laboratory work order contains the following information:	
___	___	a. Name and address of the person, firm or corporation	
___	___	b. Patient's name or initials or an identification number	
___	___	c. Date the work order was written	
___	___	d. Description of the work to be done, including diagrams, if necessary	
___	___	e. Specification of the type and quality of materials to be used	
___	___	f. Signature and address of the dentist	
___	___	g. Duplicate of work order maintained for 3 years	
		4. REQUIREMENTS TO ADMINISTER GENERAL ANESTHESIA (18 VAC 60-20-110)	
		<input type="checkbox"/> Does not administer general anesthesia	
___	___	a. If the dentist employs or uses general anesthesia on an outpatient basis, the educational criteria have been met and the educational certificate is posted in plain view of the patient which verifies completion of the advanced training.	
___	___	b. A dentist who has not met the requirements for general anesthesia may treat patients under general anesthesia in his practice if a qualified anesthesiologist, or a dentist who fulfills the requirements of 60-20-110 (A), is present and is responsible for the administration of the anesthetic.	
___	___	c. If a dentist fulfills requirements himself to use general anesthesia and conscious sedation, he may employ the services of a certified nurse anesthetist.	
		5. CONSCIOUS SEDATION; INTRAVENOUS AND INTRAMUSCULAR (18 VAC 60-20-120) NOTE: Dentists qualified to administer general anesthesia may administer conscious sedation.	
		<input type="checkbox"/> Does not administer conscious sedation	
___	___	Dentist administering conscious sedation has completed training for this treatment modality	
		6. GENERAL REQUIREMENTS APPLICABLE TO DENTISTS ADMINISTERING GENERAL ANESTHESIA AND/OR CONSCIOUS SEDATION (18 VAC 60-20-130)	
		The following is maintained in the dental facility:	
___	___	a. Full face mask for children or adults, or both	
___	___	b. Oral and nasopharyngeal airways	
___	___	c. Endotracheal tubes for children or adults, or both, with appropriate connectors	
___	___	d. A laryngoscope with reserve batteries and bulbs and appropriately sized laryngoscope blades for children or adults, or both	
___	___	e. Source of delivery of oxygen under controlled pressure	
___	___	f. Mechanical (hand) respiratory bag	
___	___	g. Dentist who administers general anesthesia and conscious sedation (excluding nitrous oxide) is proficient in handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation, immediate establishment of an airway and cardiopulmonary resuscitation.	
___	___	h. Any dentist who utilizes general anesthesia or conscious sedation shall post in each facility the certificate of education required under 18 VAC 60-20-110 A and 18 VAC 60-20-120 B or a certificate issued by the board.	
___	___	i. Team for general anesthesia consists of the operating dentist, a second person to monitor and observe the patient, and a third person to assist operating dentist.	
___	___	j. Person in charge of the anesthesia remains on the premises of the dental facility until the patient has regained consciousness and is discharged.	

Yes	No	Comments
		7. REPORT OF ADVERSE REACTIONS (18 VAC 60-20-140)
_____	_____	A written report shall be submitted to the board by the treating dentist within 30 days following any mortality or morbidity which directly results from the administration of local anesthesia, general anesthesia, conscious sedation, or nitrous oxide oxygen inhalation analgesia and which occurs in the facility or during the first 24 hours immediately following the patient's departure from the facility.
		8. RADIATION CERTIFICATION (18 VAC 60-20-195)
_____	_____	a. Individuals that place or expose dental x-ray film have met requirements of the Board: <input type="checkbox"/> satisfactorily completed a course or examination recognized by the Commission on Dental Accreditation of the American Dental Association, <input type="checkbox"/> been certified by the American Registry of Radiologic Technologists, <input type="checkbox"/> satisfactorily completed a course and passed an examination in compliance with guidelines provided by the board, or <input type="checkbox"/> passed the board's examination in radiation safety and hygiene followed by on-the-job training.
_____	_____	b. Certificate of each individual placing or exposing dental x-ray films is posted in plain view of patients
		9. UTILIZATION OF DENTAL HYGIENISTS (18 VAC 60-20-200)
_____	_____	No more than two dental hygienists practicing under direction or general supervision of the dentist at one and the same time
		10. REQUIREMENTS FOR DIRECTION AND GENERAL SUPERVISION (18 VAC 60-20-210)
		Duties that are delegated to a dental hygienist under general supervision shall only be performed if the following requirements are met:
_____	_____	a. The treatment to be provided shall be ordered by a dentist licensed in Virginia and shall be entered in writing in the record. The services noted on the original order shall be rendered within a specific time period, not to exceed 7 months from the date the dentist last examined the patient. Upon expiration of the order, the dentist shall have evaluated the patient before writing a new order for treatment.
_____	_____	b. The dental hygienist shall consent in writing to providing services under general supervision.
_____	_____	c. The patient or a responsible adult shall be informed prior to the appointment that no dentist will be present, that no anesthesia can be administered, and that only those services prescribed by the dentist will be provided.
_____	_____	d. Written basic emergency procedures shall be established and in place, and the hygienist shall be capable of implementing those procedures.
		11. ORAL AND MAXILLOFACIAL SURGEONS
_____	_____	a. REGISTRATION OF ORAL AND MAXILLOFACIAL SURGEONS (18 VAC 60-20-250) Is registered with the Board if practicing as an oral and maxillofacial surgeon
_____	_____	b. PROFILE OF INFORMATION FOR ORAL AND MAXILLOFACIAL SURGEONS (18 VAC 60-20-260) Profile information required by § 54.1-2709.2 of the Code of Virginia for oral and maxillofacial surgeons registered with the board is complete and current
_____	_____	c. CERTIFICATION TO PERFORM COSMETIC PROCEDURES (18 VAC 60-20-290) Oral and maxillofacial surgeon that performs aesthetic or cosmetic procedures is certified by the Board pursuant to § 54.1-2709.1 of the Code of Virginia

Yes	No		Comments
		12. DRUG SECURITY INVENTORY & RECORDS (§ 54.1-3404; CFR 1301 & 1304)	
		<input type="checkbox"/> No medications kept in office	
_____	_____	a. Controlled substances listed in Schedules II – V are stored in a securely locked, substantially constructed cabinet. CFR 1301.75(b)	
_____	_____	b. Inventories and records of Schedule II – V controlled substances are maintained either separately from all other records or in such a form that the information is readily retrievable. CFR 1304.04 (f)(1), (g)	
_____	_____	c. Records of Schedule II – V controlled substances are maintained in chronological order.	
_____	_____	d. Required records are maintained completely and accurately for two years from the date of the transaction.	
_____	_____	e. Records of receipt include the actual date of receipt, name and address of person from whom received, and the name, strength and quantity of drug received.	
_____	_____	f. Records of drugs sold, administered, dispensed or disposed of include the date of transaction, name of person or patient, and the drug name, strength and quantity of drug, and signature of person making transaction.	
_____	_____	g. Biennial inventory of Schedule II – V drugs available and has been taken on a date within two years of the previous biennial inventory.	
_____	_____	h. Biennial inventory is dated and indicates if taken at the opening or close of business: Date of inventory _____ <input type="checkbox"/> Opening or <input type="checkbox"/> Close of business	
_____	_____	i. Theft or unusual loss of drugs in Schedules II- V is reported to the Board of Pharmacy and an inventory taken if the registrant is unable to determine the exact kind and quantity of drug loss.	
_____	_____	j. Expired drugs are stored separate from the working stock of drugs until properly disposed of.	

ENVIRONMENTAL CONDITIONS

Check if Reviewed		Comments
<input type="checkbox"/>	a. Facility appears clean and sanitary	
<input type="checkbox"/>	b. Sterilizing equipment available and operational	
<input type="checkbox"/>	c. Biological monitoring system Describe: _____	
<input type="checkbox"/>	d. Appropriate personal protective equipment, including Gloves, Face Protection, Eye Protection, Lead Apron	
<input type="checkbox"/>	e. Use of sharps containers	
<input type="checkbox"/>	f. Safe and accessible building exits in case of fire or other emergency	

Comments

Type of Inspection: _____ Case Number: _____
(If Applicable)

This dental office has been inspected by an inspector or investigator of the Department of Health Professions. The results of the inspection have been noted. I acknowledge that the noted conditions have been deemed by the inspector as not being in compliance and have been explained to me and that I have received a copy of the inspection report.

_____ Signature of Inspector	_____ Date	_____ Signature of Licensee	_____ Date
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